

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

05904

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since June 2, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 East Fifth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (a) FULL NAME

FRANKLIN DELANO ROOSEVELT ANDREWS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 9, 1929

8. AGE: Years 17 Months 6 Days 23 It less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

Laborer

10. Usual occupation

11. Industry or business Homes Insulating Company

12. Name Walter S. Andrews

13. Birthplace Frederick County Maryland

14. Maiden name Loretta Kefauver

15. Birthplace Frederick County Maryland

16. Informant Mrs. Loretta K. Andrews

Address 102 E. 5th St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Write)

Date thereof 6/7/47
(month) (day) (year)

Cemetery or crematory Church Hill Reformed Cemetery

Location R. F. D. #4, Frederick, Md.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 4 June 1947

(Date rec'd by registrar) 4 June 1947

Elizabeth S. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 4 1947 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 11. to 19. to

Immediate cause of death Seven days

pedestrian

Some shot wound

Due to of old timer

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Suicide Date of June 4, 1947

Only did injury occur? Frederick Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury 22 Cal. rifle Injured at work? No

Injured at work? No

23. SIGNATURE

M. D. or other

Address Frederick, Md. Date signed 6.4.47

RECEIVED

JUN 6 1947

FBI
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05905

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel Jessie

Baumgardner

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Nettie Eleanor

7. Birth date of deceased (mo., day, yr.)

July 19, 1877

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Carroll

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

12. Name

Moses Peter Baumgardner

13. Birthplace

Md

14. Maiden name

Annie Stumbaugh

15. Birthplace

Md

16. Informant

Nettie Eleanor Baumgardner

Address

Taneytown

Md

17. Burial

Date thereof

July 1, 1947

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Keysville

Location

Keysville

Md

18. Funeral director

F. J. Innes & Son

Address

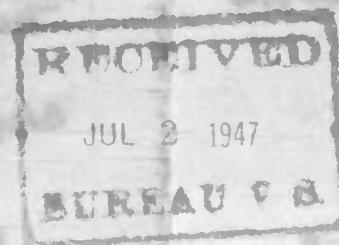
Taneytown

Md

19. (Date rec'd by registrar)

June 30, 1947

19. (Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1318 CB

05006

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County

Frederick

City or town

Knoxville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 mos

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Ellen Bowers

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

married

6. (b) Name of husband or wife

Wm Newton Bowers

7. Birth date of deceased (mo. day, yr.)

Mar. 30, 1880

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67

2

4

hrs.

min.

9. Birthplace

Jefferson Co. W. Va.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

John Thompson

FATHER

12. Name

John Thompson

13. Birthplace

West Virginia

14. Maiden name

Mary Ellen Harvey

15. Birthplace

West Virginia

16. Informant

W. N. Bowers

Address

Knoxville Md.

Burial

Burial Date thereof 6-5-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Dale

Location

Martinsburg, W. Va.

18. Funeral director

C. H. Smith & Bro.

Address

Baltimore, Md.

Date

June 3 1947

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 3 1947 at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1947 to June 3 1947

and that I last saw h. ex ante on June 29 1947

Immediate cause of death

Hepatitis, Heart Disease, Diabetes

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

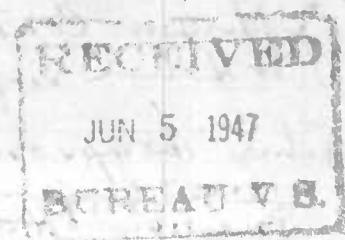
Injured at work?

23. SIGNATURE

B. B. B. M. D. or other

Address

Date signed 6/5/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05007

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 4/18/47

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/18/47

3. (a) FULL NAME

Earl R. Boyd

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name ~~XXXXXX~~ wife

Margaret Boyd

7. Birth date of

deceased (mo., day, yr.) December 25, 1910

6. (c) If alive, give age 35 years

8. AGE:

Years

Months

Days

If less than one day

36 6 2 hrs. min.

9. Birthplace

Monongahela, Pa.

(Town, county, and state)

10. Usual occupation

Electrical Inspector

11. Industry or business

MOTHER FATHER

Robert Boyd

MOTHER

Pennsylvania

14. Maiden name

Bell Schoop

15. Birthplace

Pennsylvania

16. Informant

Margaret Boyd (Wife)

Address

White Marsh, Balto. Co., Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 30 1947

(month) (day) (year)

Cemetery or crematory

Monro Cemetery

Location

Dunbar, Pa.

18. Funeral director

M. C. Creager & Son

Address

Thurmont, Md.

19. June 27

1947

(Date rec'd by registrar)

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town White Marsh

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1947 at 2:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1947 to June 27 1947

and that I last saw him alive on June 27 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

6 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Antepartum results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Baccus

M. D. ~~XXXXXX~~

Address State Sanatorium, Md. Date signed 6/27/47

VS A15 9-4515M



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05008

830

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County **Frederick**
City or town **Foxville**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Lifetime**
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Frederick**
City or town **Foxville**
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME
Theresa Hattie Buhrman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6.(b) Name of husband or wife **Harvey Meade Buhrman**

7. Birth date of deceased (mo., day, yr.) **August 7, 1870**

8. AGE: Years **76** Months **10** Days **22** If less than one day
hrs. min.

9. Birthplace **Boone County, Illinois**
(Town, county, and state)

10. Usual occupation **Retired**

11. Industry or business **Housewife.**

12. Name **William Need.**

13. Birthplace **Maryland**

14. Maiden name **Celia Ann Buhrman**

15. Birthplace **Unknown**

16. Informant **Mrs Thomas Finch.**

Address **610 Rappolla St., Baltimore, Md**

17. Burial Date thereof **July 1, 1947**
(Burial, cremation, or removal. Which?) **Bethel**
(month) (day) (year)

Cemetery or crematory **Foxville, Md.**

Location **M. L. Creager & Son**

18. Funeral director **Thurmont, Md.**

Address **Blanche S. Eyer**

19. Date rec'd by registrar **July 1, 1947** **Blanche S. Eyer**
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 29, 1947** at **6 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 26** 1947 to **June 29** 1947 and that I last saw her **alive** on **June 28** 1947.

Immediate cause of death **Cerebral Hemorrhage**
Duration **5 days**

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

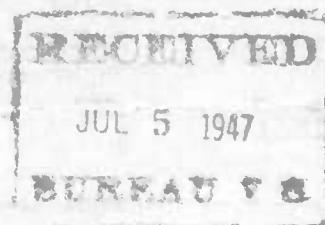
Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **James Gray M.D.** M. D. or otherAddress **Baltimore Md.** Date signed **June 30, 1947**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05009

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 ms.

Hospital, institution, or street address where death occurred:

814 N. Market St.

How long in hospital or institution?

3. (a) FULL NAME

Lillie J. Carnack

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William E. Carnack

7. Birth date of deceased (mo., day, yr.)

Sept. 11, 1875

6. (c) If alive, give age years

8. AGE:

Years 71 Months 9 Days 18 If less than one day hrs. min.

9. Birthplace

Frederick Co.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Taylor Sons

12. Name

Frederick Co.

13. Birthplace

Catherine Strine

14. Maiden name

Frederick Co.

15. Birthplace

Wilson S. Carnack

16. Informant

814 N. Market St., Fred., Md.

Address

Burial

Date thereof July 3, 1947

(Burial, cremation, or removal, which)

(month)

(day)

(year)

Cemetery or crematory Glade Cemetery

Location

Walkersville

18. Funeral director

G. C. Barton

Address

Walkersville

19. Date record by registrar

July 1947

(Date record by registrar)

Elizabeth G. Hecks

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

City or town

Rural Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

29 June 1947 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 October 1946 to 29 June 1947

and that I last saw her alive on 28 June 1947

Immediate cause of death

Metastatic carcinoma of bladder pelvis

Due to adenocarcinoma sigmoid colon

3. DURATION 2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

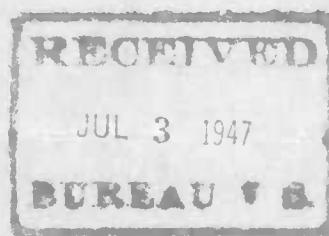
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James E. Stoner Jr. MD, D. or other

Address Walkersville, Md. Date signed July 47



05010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

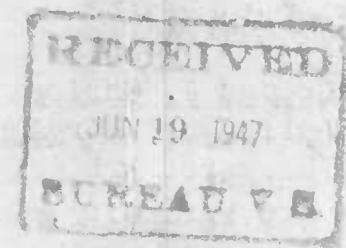
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: **Frederick**
 County
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 1/17/47**
 Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution? **Since 1/17/47**

132
 2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County
 City or town **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1011 S. Highland Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **✓**

3. (a) FULL NAME **John Chriest**
 4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Madeline Chriest**
 7. Birth date of deceased (m., day, yr.) **May 9, 1911** 6.(c) If alive, give age **31** years
 8. AGE: Years **36** Months **1** Days **8** If less than one day
 hrs. **.....** min. **.....**
 9. Birthplace **Baltimore, Maryland**
 (Town, county, and state)
 10. Usual occupation **Printer**
 11. Industry or business
 MOTHER FATHER
 12. Name **George J. Chriest**
 13. Birthplace **Baltimore, Maryland**
 14. Maiden name **Margaret Erb**
 15. Birthplace **New York City, N.Y.**
 16. Informant **Deceased**
 Address
 11. Burial **Burial** Date thereof **June 20, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Trinity Cemetery**
 Location **Baltimore, Md.**
 18. Funeral director **M. L. Greager & Son**
 Address **Thurmont, Maryland**
 19. June 17 **1947** (Date rec'd by registrar) **J. G. Lynn** Registrar

3. (b) Social Security Number **212-10-1046**
 MEDICAL CERTIFICATION
 20. DATE OF DEATH **June 17** 19. **47** a. **8:10 A.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **January 17** 19. **47** to **June 17** 19. **47** and that I last saw him alive on **June 17** 19. **47**
 Immediate cause of death **Pulmonary Tuberculosis**
 DURATION **11 Mos.**
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide **.....** Date of **.....**
 Where did injury occur **.....** (City or town) **.....** (County) **.....** (State)
 Injured at home, farm, industry, public place (where?) **.....**
 Means of injury **.....** Injured at work **.....**
 23. SIGNATURE **R. B. Baker** M. D. **.....**
 Address **State Sanatorium, Md.** Date signed **6/17/47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

05011

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 daysHospital, institution, or street address where death occurred: Frederick Memorial HospitalHow long in hospital or institution? 6 days

3. (a) FULL NAME

George Eugene Clendenin4. Sex male 5. Color of face W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Suprena Clendenin7. Birth date of deceased (mo., day, yr.) May 15, 1901 6. (c) If alive, give age 46 years8. AGE: Years 46 Months 1 Days 5 If less than one day9. Birthplace Bluefield, W. Va. (Town, county, and state)10. Usual occupation farmer11. Industry or business farming12. Name J. E. Clendenin13. Birthplace Alamance Co. N. Carolina14. Maiden name Molly L. Whitworth15. Birthplace Bluefield, W. Va.16. Informant Mrs. Charles LydiaAddress Middleton, Md.17. Burial Burial Date thereof June 23, 1947

(Burial, cremation, or removal (Whichever)) (month) (day) (year)

Cemetery or crematory Luthersan CemeteryLocation Middleton, Md.18. Funeral director Gladhill C.Address Middleton, Md.19. June 23, 1947 Elizabeth G. Heck

(Date rec'd by registrar) (Signature) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middleton, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

233-24-4600

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1947 at 10:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1947 to June 20, 1947and that I last saw him alive on June 20, 1947

Immediate cause of death

Bronchial pneumonia DURATION 10 days

Due to

(virus type)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Middleton (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Heck M.D. M. D. or other M.D.Address Middleton Date signed 6-21-47

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JUN 25 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

05012
147

Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
6 years
Hospital, institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Frederick
Maryland
City or town..... Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
WADE H. CROWSON

3. (b) Social Security Number

4. Sex
Male | 5. Color or race
White | 6.(a) Single, married, widowed, or divorced
Married
Frances Crowson
B.(b) Name of husband or wife.....

6.(c) If alive, give age.....
51 years

7. Birth date of
deceased (mo., day, yr.)
Nov. 25, 1884

8. AGE: Years
62 | Months
6 | Days
13 | If less than one day
hrs. min.

9. Birthplace.....
(Town, county, and state)
Produce Dealer

10. Usual occupation.....

11. Industry or business
Joseph W. Crowson
FATHER

12. Name.....
Virginia

13. Birthplace.....

14. Maiden name.....
Mollie Hall
MOTHER

15. Birthplace.....
Virginia

16. Informant.....
Mrs. Frances Crowson

Address.....
Mt. Airy, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof..... 6-21-47
Pine Grove

Cemetery or crematory.....
Mt. Airy, Carroll Co. Md.

Location.....
C. M. Waltz

18. Funeral director.....
Address.....
Winfield, Md.

19. June 20, 1947
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 18 1947, 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 19, 1946, to June 18, 1947,
and that I last saw him alive on June 17, 1947.Immediate cause of death.....
Cardiac decompensation DURATION
3 moDue to.....
Coronary sclerosis 18 mo

Due to.....

Other conditions.....
Acute Pulmonary
Oedema DURATION
3 da

(Include pregnancy within 3 months of death)

Major findings of operations.....
none Date of op.Autopsy results.....
none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....
J. Stanley Grabill M. D. or otherAddress.....
Mt. Airy - Md. Date signed 6/19/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

65013

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 10/15/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since 10/15/46

3. (a) FULL NAME

William A. Disney

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of ~~XXXX~~ wifeDorothy Disney6. (c) If alive, give age 38 years

7. Birth date of

deceased (mo., day, yr.)

December 21, 1904

8. AGE:

Years

Months

Days

If less than one day

42

6

6

hrs.

min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Book-binder

11. Industry or business

12. Name John G. Disney

13. Birthplace

Anne Arundel County, Md.

14. Maiden name

Caroline Albrecht

15. Birthplace

Baltimore, Maryland

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 1, 1947
(month) (day) (year)

Cemetery or crematory

Moreland Memorial

Location

Baltimore, Md.18. Funeral director M. L. Creager & Son

Address

Thurmont, Maryland19. June 28 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 923 N. Bentallou

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27

1947 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 15 1946 to June 27 1947and that I last saw him alive on June 27 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

22 MOS.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

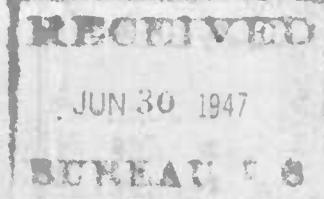
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. L. BreenM. D. XXXXAddress State Sanatorium, Md. Date signed 6/28/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

05014

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

25 Years

How long in above place of death?

Frederick Memorial Hospital

How long in hospital or institution? Since June 18, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 351 Lindbergh Avenue

(If rural, give LOCATION)

None

3. (a) FULL NAME

JAMES WARD DONNAN

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

M W M

6. (b) Name of husband or wife Laura Bates

7. Birth date of deceased (mo., day, yr.) July 5, 1875 6. (c) If alive, give age 69 years

8. AGE: Years Months Days If less than one day
71 11 16 hrs. min.9. Birthplace Huntington-Ontario, Canada
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Joseph Donnan

13. Birthplace Ontario, Canada

14. Maiden name Mary McKee

15. Birthplace Ontario, Canada

16. Informant Mrs. Laura Donnan

Address 31 Lindbergh Ave., Frederick, Md.

17. Cremation

Date thereof 6/25/47
(month) (day) (year)

Cemetery or crematory Fort Lincoln Crematory

Location Washington, D. C.

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 23 June 1947

Elizabeth J. Heek
Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st, 1947, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1947, to June 21, 1947, and that I last saw him alive on June 21, 1947.

Immediate cause of death

Parkinson Disease

DURATION

10 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ash, M. D.

M. D. or other

Address Frederick, Maryland Date signed 6-23-47

RECEIVED

JUN 24 1947

INTERFAC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518

05015

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clarence C. Duppins

4. Sex

5. Color or race

6. (a) Single, married, widowed or divorced

Male Colored Married

6. (b) Name of husband or wife

Maggie S. Duppins

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug. 6-1884

8. AGE: Years Months Days If less than one day

62 10 1 hrs. min.

9. Birthplace (Town, county, and state)

Frederick County, Md

10. Usual occupation

Labourer

11. Industry or business

Singleton Duppins

12. Name

Singleton Duppins

13. Birthplace

Maryland

14. Maiden name

Sarah Richardson

15. Birthplace

Maryland

16. Informant

Mrs Maggie Duppins

Address

Oldfields, Md

17. Burial

Burial Date thereof June 10-1947

(Burial, cremation, or removal. Which)

(month)

(day)

(year)

Cemetery or crematory

Baptist Chapel Cemetery

Location

Oldfields, Md

18. Funeral director

Powell & Harkler

Address

Bellevue Woodsboro, Md

19. (Date rec'd by registrar)

11

19

47

and

Census

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland

County Frederick

City or town Oldfields

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

#220-10-5527

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 7th 1947 at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4 1947 to June 7 1947

and that I last saw him alive on June 6 1947

Immediate cause of death

Carcinoma Prostati

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

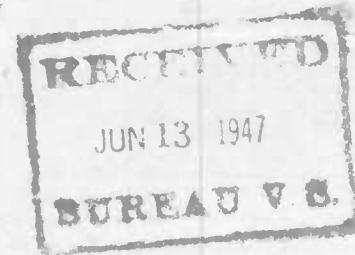
Means of injury

Injured at work

23. SIGNATURE

J. N. Legg M. D. or other

Address Main Street Date signed 6/11/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13B

05016

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**

County

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 9/11/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 9/11/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Montgomery

Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

1102 Wayne Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Roberta Mae Dymond

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **July 10, 1916** 6.(c) If alive, give age years8. AGE: Years **30** Months **11** Days **0** If less than one day
hrs. min.9. Birthplace **Washington, D. C.**
(Town, county, and state)10. Usual occupation **Government Clerk**

11. Industry or business

12. Name **Andrew W. Brown**13. Birthplace **Washington, D. C.**14. Maiden name **Henrietta Schultz**15. Birthplace **Baltimore, Maryland**16. Informant **Deceased**

Address

17. Burial **Burial** Date thereof **June 13, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Fort Lincoln Cemetery**
Location **Prince Georges Co. Md.**18. Funeral director **Warner E. Pumphrey**

Address

Silver Spring, Maryland19. **June 11 1947**
(Date rec'd by registrar)*OK*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 10**

19 47 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 11 1946** to **June 10 1947**and that I last saw her alive on **June 10 1947**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

20 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

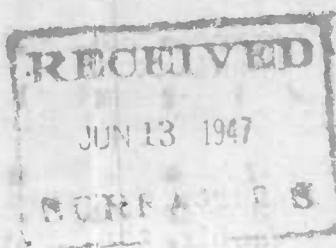
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *R. G. Ballin.*M. D. *XXXX*Address **State Sanatorium, Md.** Date signed **6/11/47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50 X

CERTIFICATE OF DEATH

05017

131

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

2 m 30 days

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

28 months 30 days

3. (a) FULL NAME M.

Anne Eigenbrade

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Single

6. (b) Name of husband or wife

Anne

7. Birth date of deceased (mo., day, yr.)

October 30 1888

8. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

58.

7-10

hrs.

min.

9. Birthplace

Frederick Co. Rock Ridge Md.

(Town, county, and state)

10. Usual occupation

Nurse

11. Industry or business

MOTHER FATHER

Jacob Eigenbrade

12. Name

Frederick County Md.

13. Birthplace

Catherine Elizabeth Ohley

14. Maiden name

Catharine Elizabeth Ohley

15. Birthplace

Canaan Co. Md.

16. Informant

Mrs. Ruth Egler

Address

Thurmont. Md.

17. Burial

Thurmont Cemetery

(Burial, cremation, or removal, where)

Date thereof June 12-1947

(month) (day) (year)

Cemetery or crematory

Dr. B. Cemetery

Location

Thurmont Md

18. Funeral director

M. L. Greger Son

Address

Thurmont Md

19. M. June

Elizabeth Greger

(Date rec'd by registrar)

1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Rock Ridge R. F. D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rock Ridge

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 10

1947 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 28

1947

to June 10 1947

and that I last saw her alive on June 9 1947

Immediate cause of death

Carcinoma of breast

Multiple metastases

Due to Lung's

Liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

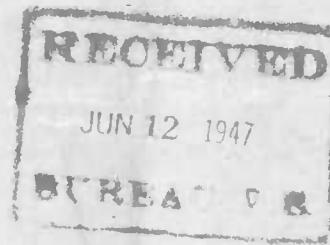
23. SIGNATURE

Bernard Thomas Jr. M.D.

M. D. or other

Address Frederick Md

Date signed June 10, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05018

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME

Barbara Jane Fogle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F. 21. Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Feb. 27, 1946

8. AGE:

Years Months Days If less than one day

1 3 23 hrs. min.

9. Birthplace

(Town, county, and state)

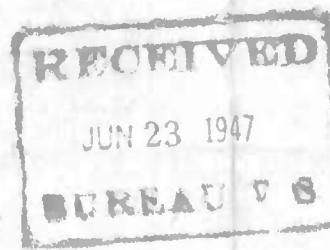
10. Usual occupation

11. Industry or business

FATHER

MOTHER

FATHER





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

05020

CERTIFICATE OF DEATH

Reg. Dist. No.

134

1. PLACE OF DEATH:

Frederick

County

Rural, Emmitsburg, Md.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph William Glacken

4. Sex

m

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

Fitz

6. (b) Name of husband or wife

Fonzy Blanche Glacken

7. Birth date of deceased (mo., day, yr.)

January 16, 1897

6. (c) If alive, give age

42

years

8. AGE:

Years

Months

Days

If less than one day

50

5

5

hrs.

min.

9. Birthplace

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Michael Glacken

12. Name

Frederick Co., Md.

13. Birthplace

Sarah Wolfe

14. Maiden name

Frederick Co., Md.

15. Birthplace

Fonzy Blanche Glacken

16. Informant

Emmitsburg, Md.

Address

June 24, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

17. Burial

Mountain View Cemetery

Cemetery or crematory

Emmitsburg, Md.

Location

J. L. Allison

18. Funeral director

Emmitsburg, Md.

Address

19. June 24

Date rec'd by registrar

1947

M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Emmitsburg, Md.

(If rural, give LOCATION)

2. (a) If veteran, name war

Worland #1

3. (b) Social Security Number

213-18-9179

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 21 1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 1947 to June 21 1947

and that I last saw him alive on June 20 1947

Immediate cause of death

Coronary occlusion

Due to Arteriosclerotic cardiac
vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

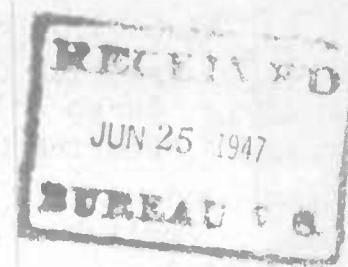
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 6-22-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93e

05021

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
 County: Sabillasville - rural
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Frederick
 City or town: Sabillasville - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war: no

3. (a) FULL NAME

GRACIE MAY GRAY.

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

B.(b) Name of husband or wife Jacob M. Gray

7. Birth date of deceased (mo., day, yr.) June 3, 1872 6.(c) If alive, give age _____ years

8. AGE: Years 75 Months _____ Days I If less than one day _____ hrs. _____ min.

9. Birthplace Smithsburg, Washington Co., Md.

(Town, county, and state) Retired

10. Usual occupation

11. Industry or business

FATHER 12. Name Jacob H. Ridenour

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Kesiah Stottlemyer

15. Birthplace Wolfsville, Md.

16. Informant Miss Nellie Gray

Address Sabillasville, Md.

17. Burial Date thereof June 7, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge

Location Thurmont, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Date rec'd by registrar 6/7 1947

John Lyon Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 4, 1947 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1947 to June 4 1947 and that I last saw him alive on May 29 1947.

Immediate cause of death myocarditis DURATION ?

Due to: _____

Due to: _____

Other conditions Arteriosclerosis DURATION ?

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

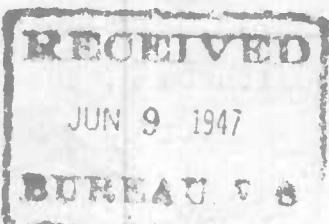
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Birley M. D. or other

Address Thurmont Md Date signed June 6, 1947

John Lyon



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No.

05022
P311. PLACE OF DEATH: FredrickCounty FredrickCity or town Myersville Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 hrs.Hospital, institution, or street address where death occurred: Emergency HospitalHow long in hospital or institution? 5 hrs.3. (a) FULL NAME LewisLouis Hughes Green4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced SingleSimple

6. (b) Name of husband or wife.....

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 28, 1873

8. AGE: Years

Months

Days

If less than one day

731011

hrs.

min.

9. Birthplace Myersville Fredrick Co. Md.

(Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business

12. Name Mehlon Green13. Birthplace Myersville, Md.14. Maiden name Mary Anna Hoffman15. Birthplace Myersville, Md.16. Informant Benjamin GreenAddress Myersville, Md.17. Burial Brother's Cemetery Date thereof 6-14-47
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory Brother's CemeteryLocation Myersville, Md.18. Funeral director BladhillAddress Middletown, Md.19. 13 June 1947 Elizabeth T. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FredrickCity or town Rural Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1947 11:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 12 1947 to June 12 1947and that I last saw him alive on June 12 1947

Immediate cause of death

Cerebral Hemorrhage 13 hrs

Due to.....

Due to.....

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J E Harp

M. D. or other

Address Middletown Date signed 6-13-47

RECEIVED

JUN 17 1947

BUREAU 98

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83b

05023

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 weeks

Hospital, institution or street address where death occurred:

Chestertown Nursing Home, N. Market St.

How long in hospital or institution?

3 weeks

3. (a) FULL NAME

Fannie May Groves

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

white

single

6. (b) Name of husband or wife

none

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

October 21, 1857

8. AGE:

Years Months Days If less than one day

89 8 4 hrs. min.

9. Birthplace

Middletown, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER

12. Name

Samuel L. Green

FATHER

13. Birthplace

Middletown, Md.

MOTHER

14. Maiden name

Anne Rebecca Shaffer

MOTHER

15. Birthplace

Middletown, Md.

16. Informant

Betty Hightman

Address

300 Erie St. - Maryland

17. Burial

(Burial, cremation, or removal, where?)

Date thereof

January 28, 1947

(month) (day) (year)

Cemetery or cemetery

Reformed Cemetery

Location

Middletown

18. Funeral director

Gladhill Co.

Address

Middletown, Md.

19.

June 28, 1947

(Date rec'd by registrar)

Elizabeth B. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

or town

Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

none

(If rural, give LOCATION)

2. (a) If veteran, name war

no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1947, at 11: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20, 1947, to June 25, 1947

and that I last saw her alive on June 24, 1947

Immediate cause of death

Bleeding Thrombosis 5 days

Due to Arterio Scleroses

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

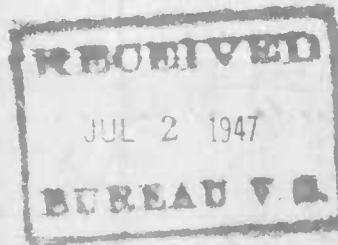
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

H. J. Stecher M.D. or other

Address 300 Erie St. - Maryland Date signed June 27, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

05024

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution? Since February 6, 1936

3. (a) FULL NAME

FRANK HAMMOND

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 26, 1871

8. (c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
75	11	28	hrs. min.

9. Birthplace Ridgeville-Carroll-Maryland
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business

12. Name Rev. Augustus Hammond

13. Birthplace Frederick County Maryland

14. Maiden name Mary Virginia (last name unknown)

15. Birthplace Frederick County Maryland

16. Informant I. O. O. F. Home Records

Address R. F. D. #1, Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 26-1947

Cemetery or crematory Methodist Cemetery

Location New Market, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date record by registrar June 24, 1947

(Date record by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. I. O. O. F. Home

New Market, Md.

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24th 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1947, to June 24, 1947

and that I last saw him alive on June 24, 1947

Immediate cause of death Cardiac failure, arrhythmia DURATION

2 days

Due to.....

Due to.....

Other conditions arterio sclerosis (Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

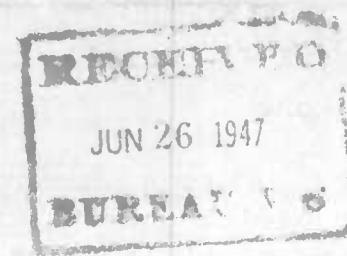
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. M. Smith M. D.

M. D. or other

Address Frederick, Maryland Date signed 6-24-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 177

05025

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FREDERICK

City or town BRUNSWICK

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

607 North Maple Ave

How long in hospital or institution?

3. (a) FULL NAME

FLORA CECRITUDINE HARRINGTON

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE White

WIDOW

8. (b) Name of husband or wife George W. Harrington

7. Birth date of deceased (mo., day, yr.) March 3rd 1878

8. AGE: Years Months Days If less than one day
69 3 17 hrs. min.

9. Birthplace MD

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Miller

13. Birthplace Maryland

14. Maiden name Barbara Stockman

15. Birthplace Maryland

16. Informant Maria Harrington

Address Brunswick MD

17. (Burial, cremation, or removal) Where? Date thereof June 23 1947

(month) (day) (year)

Cemetery or crematory Park Heights

Location Brunswick MD

18. Funeral director D. R. Fife & Son

Address Brunswick MD

19. (Date rec'd by registrar) June 22 1947 Kathryn N. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County FREDERICK

City or town BRUNSWICK

(If outside city or town limits, write RURAL and give nearest town)

Street No. 607 NORTH MAPLE AVE

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1947 a.m. 60

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14 1947 June 20 1947

and that I last saw her alive on June 20 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 day

Due to

Due to

Other conditions

Kathryn Brown

6/14/47

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Smith, M.D.

M. D. or other

Address Brunswick MD Date signed 6/21/47

RECEIVED

JUN 24 1947

BUREAU

05026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1178

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since June 13, 1947

3. (a) FULL NAME

EMMA OLEVIA JOHNSON

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or

David O. Johnson

7. Birth date of deceased (mo., day, yr.)

October 19, 1883

6. (c) If alive, give age 64 years

8. AGE: Years

63

Months

7

Days

24

If less than one day

hrs.

min.

9. Birthplace

Mt. Zion-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER

George C. Stone

FATHER

Frederick County Maryland

MOTHER

Ellen Fraley

FATHER

Frederick County Maryland

MOTHER

David O. Johnson

FATHER

R. F. D. #1, Frederick, Md.

16. Informant

Burial

Date thereof 6/15/47

(Burial, cremation, or removal where)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

Elizabeth H. Tech

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Mount Pleasant

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 13, 1947, at 12:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1947, to June 13, 1947

and that I last saw her alive on June 12, 1947.

Immediate cause of death

Hemorrhage - Duodenal ulcer

DURATION

Due to

Due to

Other conditions

Cystitis, pyelonephritis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

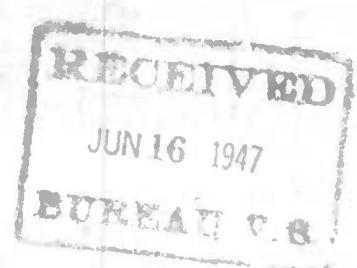
Means of injury

Injured at work?

23. SIGNATURE

Elizabeth H. Tech M. D. or other

Address Winkleville, Md. Date signed June 13, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05027

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County

Frederick

City or town

Rural - Mr. Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Effie Elizabeth Keeney

4. Sex

f

5. Color or race

w

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Richard A. Keeney

7. Birth date of

deceased (mo., day, yr.)

Nov. 13, 1877

6.(c) If alive, give age

69

years

8. AGE:

Years

69

Months

7

Days

17

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Frederick Co.

10. Usual occupation

Housewife

11. Industry or business

—

12. Name

George W. Keeney

13. Birthplace

Frederick Co.

14. Maiden name

Mary E. Cain

15. Birthplace

Frederick Co.

16. Informant

Mr. Richard A. Keeney

Address

Woodsboro, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or ~~crematory~~

Rocky Dell

Location

Mr. Woodsboro

18. Funeral director

J. R. Barton

Address

Walkersville, Md.

19. Date rec'd by registrar

July 2, 1947

(Date rec'd by registrar)

Date thereof (month) (day) (year)

(month) (day) (year)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Rural, Mr. Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30

1947

a. 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17, 1947, to June 30, 1947

and that last saw her alive on June 29, 1947

1947

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

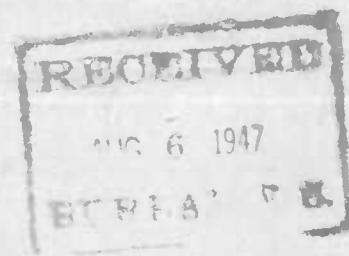
Means of injury Injured at work?

23. SIGNATURE

R. R. Barton

M. D. or other

Address Walker'sville, Md. Date signed July 3, 1947



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 512 X

05028

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 DAYS

Hospital, institution, or street address where death occurred:

FREDERICK CITY HOSPITALHow long in hospital or institution? 7 Days3. (a) FULL NAME HARRY P. LAMBERTMr. HARRYWife lambert

HARRY P. LAMBERT

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife EDITH H. CHRIST6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.)

DEC. 12 1866

8. AGE: Years

Months

Days

If less than one day

80

5

23

hrs.

min.

9. Birthplace NEAR NEW WINDSOR

(Town, county, and state)

FARMER

10. Usual occupation

11. Industry or business

12. Name URIAH P LAMBERT

MARYLAND

13. Birthplace

EMILY J. EYLER

14. Maiden name

MARYLAND

15. Birthplace

U. MONROE LAMBERT

16. Informant

Address WESTMINSTER, MD.

17. BURIAL

(Burial, cremation, or removal, which?)

Date thereof JUNE 6 1947

(month) (day) (year)

Cemetery or ~~cemetary~~ WINTERSLocation NEAR NEW WINDSOR18. Funeral director JOHN R. BYERSAddress WESTMINSTER, MD.19. H June 19 47

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County

CARROLL

City or town RURAL NEW WINDSOR

(If outside city or town limits, write RURAL and give nearest town)

Street BAILE

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

June 4 1947 at 7:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 25 1947 to June 4 1947and that I last saw him alive on June 4 1947

Immediate cause of death

Maenia -Due to Urinary obstruction

Due to

Other conditions Carcinoma Prostate

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

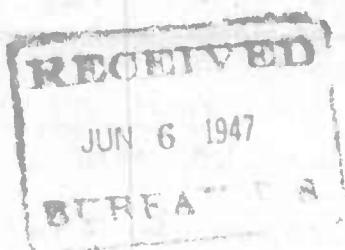
Eg Thomas

M. D.

M. D. or other

Address

FrederickDate signed June 4-47



PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6

05029

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Hattie Lawrence

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7

W

widow

6. (b) Name of husband or wife

John E. Lawrence

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept 1, 1871

8. AGE:

Years
75Months
9Days
19If less than one day
hrs. min.

9. Birthplace

Frederick Co.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Hayden Sew

FATHER

12. Name

Unknown

MOTHER

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Leo Mentzer

Address

- Detour Md

17. Burial

Date thereof (month) (day) (year)

(Hiram, cremation, or removal. Which?)

June 24, 1947

Hague's

Cemetery or crematory

Near Ladysburg Md

Location

60 Susquehanna

18. Funeral director

Danlytown Md.

Address

19. 21-June-1947

Elizabeth G. Tech

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20, 1947, at 11:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19, 1947, to June 20, 1947

and that I last saw her alive on June 24, 1947

Immediate cause of death

Diseased Conv

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

6/21/47

RECEIVED

JUN 24 1947

BUREAU F.B.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

05030

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County..... Frederick
City or town..... Rural, Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Rural, Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME
MARGARET DUVALL LEWIS

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced		
Female	White	Married		
6. (b) Name of husband or wife		R. Rush Lewis		
7. Birth date of deceased (mo., day, yr.)		May 7, 1870		
8. AGE: Years		Months	Days	If less than one day
77		29	hrs. min.
9. Birthplace..... Buckeystown, Frederick Co., Md. (Town, county, and state)				
10. Usual occupation..... Housewife				
11. Industry or business				
12. Name..... Benjamin Duvall				
13. Birthplace..... Ijamsville, Maryland				
14. Maiden name..... Anna Margaret Eichelberger				
15. Birthplace..... Frederick County, Maryland				
16. Informant..... R. Rush Lewis				
Address..... Frederick, Maryland				
17. Burial..... Date thereof..... June 7, 1947 (Burial, cremation, or removal, without) (month) (day) (year) Cemetery or crematory..... Mount Olivet Cemetery				
Location..... Frederick, Maryland				
18. Funeral director..... C. E. Cline & Son				
Address..... Frederick, Maryland				
19. (b) Date..... 1947 (Date rec'd by registrar) Elizabeth B. Tech.				

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 5th 1947, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1947, to June 5, 1947, and that I last saw h. or alive on May 29, 1947.

Immediate cause of death..... Chronic myocarditis 20 yrs.

DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

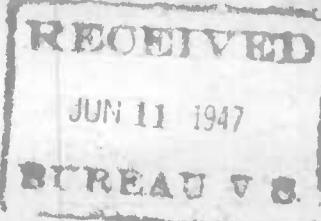
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... H. Kline, M.D.
M.D. or other.....
Address..... Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05031

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? Since June 9, 1947

3. (a) FULL NAME

GEORGE WASHINGTON LOWERY

4. Sex

M

5. Color or race

W

8. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Laura Pomeroy

7. Birth date of deceased (mo., day, yr.)

January 25, 1862

(c) If alive, give age years

8. AGE:

Years
85Months
5Days
3

If less than one day

hrs. min.

9. Birthplace (Town, county, and state)

Point of Rocks-Frederick-Maryland

10. Usual occupation

Retired

11. Industry or business

Railroad Employee

MOTHER FATHER

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Preston E. Mossburg

421 N. Bentz St., Frederick, Md.

17. Burial

Date thereof
(Burial, cremation, or removal, where?)7/1/47
(month) (day) (year)

(Burial, cremation, or removal, where?)

St. Pauls Cemetery

Location

Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date recd by registrar

19. 47

(Date recd by registrar)

Elizabeth G. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 421 North Bentz Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 28th 1947 at 12:50P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 9 1947 to June 28 1947

and that I last saw h. m. alive on June 28 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 week

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Henao

M. D.

M. D. or other

Address Frederick, Maryland

Date signed 6-30-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

05032

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

51 years

Hospital, Institution, or street address where death occurred:

Visitation Convent

How long in hospital or institution?

51 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Frederick

City or town

Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No.

East 3rd St

(If rural, give LOCATION)

2.(a) If veteran, name war

none

3.(a) FULL NAME

Mary McCafferty (sister Mary Zita)

3.(b) Social Security Number

none

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female white

single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.)

Mar 25, 1866

8. AGE:

Years Months Days If less than one day
81 2 17 hrs. min.

9. Birthplace

County Donegal, Ireland

(Town, county, and state)

10. Usual occupation

Nun Visitation Convent

11. Industry or business

Religious

12. Name

John McCafferty

13. Birthplace

Ireland

14. Maiden name

Ann McCadden

15. Birthplace

Ireland

16. Informant

Sister Mary De Chantil

Address

Visitation Convent Frederick

Burial

Date thereof June 14, 1947

(Burial, examination, or removal, which)

(month) (day) (year)

RECEIVED

JUN 17 1947

BUREAU C. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

05033

rc

139

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/24/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/24/47

3. (a) FULL NAME

James E. McCauley

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 17, 1890

6.(c) If alive, give age years

8. AGE:

Years	Months	Days	It less than one day
56	11	2	hrs. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Decorator

11. Industry or business

12. Name William M. McCauley

13. Birthplace Oella, Maryland

14. Maiden name Frances Rice

15. Birthplace Carroll County, Maryland

16. Informant William R. McCauley (Brother)

Address 843 W. 37th St., Balto., Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 23, 1947

Cemetery or crematory Woodlawn Ceme.

Location Baltimore Co. Md.

18. Funeral director Stewart Mowen Co.

Address 108 W. North Ave., Baltimore, Md.

19. June 21 1947

(Date rec'd by registrar)

Signature

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 812 W. 35th St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19

19 47 at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 24 1947 to June 19 1947

and that I last saw him alive on June 19 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 MOS.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

) Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

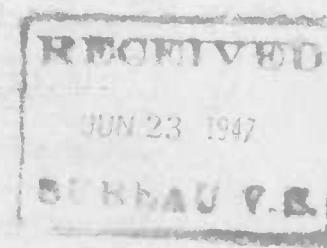
Injured at work?

23. SIGNATURE

R. B. Bailes

M. D. XXX

Address State Sanatorium, Md. Date signed 6/20/47



PLEASE WRITE PLAINLY, WITH CONFLADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05034

170c

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

Bruce William Metz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

October 11, 1930

8. AGE:

Years

Months

Days

If less than one day

16

8

18

hrs. min.9. Birthplace Frederick County, Maryland

(Town, county, and state)

10. Usual occupation Sprayer-McCain's Orchard

11. Industry or business

12. Name Henry H. Metz13. Birthplace Washington County, Md.14. Maiden name Mary Baker15. Birthplace McKaig, Maryland16. Informant Mr. Henry H. MetzAddress Frederick Md., Route 517. Burial Mount Olivet Cemetery Date thereof July 2, 1947

(Burial, cremation or removal, which?)

(month) (day) (year)

Cemetery or cemetery Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 1 July 1947
(Date rec'd by registrar)Elizabeth L. Heck.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 June 1947 at 9:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from never 19. to 19. and that I last saw him alive on never 19.

Immediate cause of death

Fracture base of skull

DURATION

24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident Date of 28 June 1947Where did injury occur? Mr. Frederick (City or town) Frederick (County) Md. (State)Injured at home, farm, industry, public place (where?) U. S. Highway #40Means of injury Auto accident Injured at work? No23. SIGNATURE Charles H. Corley Jr. M.D.
Reg. No. Examiner or otherAddress Frederick, Md. Date signed 29 June 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

05035

Reg. Dist. No. 31

1. PLACE OF DEATH:
 County Federick
 City or town Federick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution 2 mths -

3. (a) FULL NAME

Daniel Miller

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) April 30, 1869 8. (c) If alive, give age 59 years

8. AGE: Years 28 Months 5 Days 21 If less than one day hrs. 00 min. 00

9. Birthplace Alaska (Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Rustin Huffer

Address Middleton, Md.

17. Burial (Burial, cremation, or removal, which) Reform Cemetery Date thereof 6-23-47
 (month) (day) (year)

Cemetery or crematory Reform Cemetery

Location Middleton, Md.

18. Funeral director Chadhill Co.

Address Middleton, Md.

19. Date received by registrar 19.47 Registrant Elizabeth G. Heck.

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Md. County Federick
 City or town Rural Middleton (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 19 47 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 26 19 47 to June 21 19 47 and that I last saw him alive on June 20 19 47

Immediate cause of death Diabetes Mellitus
Gangrene left foot

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Huma, Jr., M.D. M. D. or other _____

Address Federick, Md. Date signed 6/23/47

RELATION TO THE TELETYPE SYSTEM PROGRAM

HOAEO-80 370511Z JUN 47

RECEIVED

JUN 25 1947

BUREAU 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05036

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

17 Days

Hospital, Institution, or street address where death occurred

Frederick Memorial Hospital

How long in hospital or institution?

17 Days

3. (a) FULL NAME

Miller Daniel

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

California about

6.(b) Name of husband or wife

John M. Miller

6.(c) If alive, give age

69

years

7. Birth date of deceased (mo., day, yr.)

July 1876

8. AGE:

70

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Post master

11. Industry or business

U.S. Government

12. Name

John M. Miller

13. Birthplace

Virginia

14. Maiden name

Sarah Anna

15. Birthplace

Virginia

16. Informant

Ronald M. Miller

Address

Frederick, Md.

17. Burial

Date thereof June 30 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Burkittsville

Location

Burkittsville Md.

18. Funeral director

C. H. Fouts & Son

Address

Bremerton, Maryland

19. (Date rec'd by registrar)

18 June 1947

(Date rec'd by registrar)

Elizabeth G. Heile

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

27 June 1947 at 9:21A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 June

1947

to 27 June 1947

and that I last saw him alive on 26 June 1947

Immediate cause of death

Acute pulmonary edema

Due to Arterio-sclerotic
Cardio-vascular disease

DURATION

30 min.

5 yrs (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Charles & Conley, M.D.

M. D. or other

Address

Frederick

Md.

Date signed 27 June '47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05037

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
 County: Bartholomew, Md. Rural
 City or town: Rural (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? _____
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Frederick
 City or town: Rural Mr. Bartholomew (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)

3. (a) FULL NAME

Norman Henry Murry

4. Sex: Male 5. Color or race: White 6. (a) Single, married, widowed or divorced: Married

7. (b) Name of husband or wife: Margaret Johnson Murry

7. Birth date of deceased (mo., day, yr.): 7-9-61 8. (c) If alive, give age: 1904 years

8. AGE: 42 Years 9 Months 22 Days If less than one day: _____ hrs. _____ min.

9. Birthplace: Browningsville, Md.
 (Town, county, and state) Frederick Co.

10. Usual occupation: Laborer.

11. Industry or business

12. Name: James Murry husb.
 (MOTHER FATHER) Frederick Co. Md.

13. Birthplace: Frederick Co. Md.

14. Maiden name: Elara. Gantail

15. Birthplace: Frederick Co. Md.

16. Informant: Margaret J. Murry wife
 (Address) Mt. airy Inn Bartholomew, Md.

17. Burial: Marvin Shapell Cemetery Date thereof: 6-30-47
 (Burial, cremation, or removal. Which?)

Cemetery or crematory: Marvin Shapell Cemetery
 Location: Mr. plane No 4 Frederick Co.

18. Funeral director: W. E. Falconer
 Address: New Market, Md.

19. June 28 1947 Lucia K. Jackson
 (Date rec'd by registrar)

2. (a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1947 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1947 to June 28 1947 and that I last saw him alive on June 26 1947

Immediate cause of death: Pulmonary Tuberculosis DURATION 6 yrs

Due to: _____

Due to: _____

Other conditions: Bronchial asthma 3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

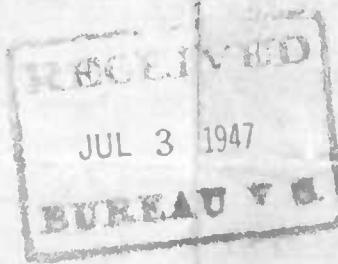
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: Ernest P. Root M. D. or other _____

Address: New Market, Md. Date signed: June 29/47



RECEIVED
FBI
WACO, TEXAS
JULY 3 1947

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05038

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

488 X

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three weeks

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Three weeks

3. (a) FULL NAME

LAVENIA E. NORWOOD

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

William E. Norwood

Husband

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

October 12, 1891

8. AGE:

Years

Months

Days

If less than one day

55

8

7

hrs.

min.

9. Birthplace

Howard Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

John W. Evers

MOTHER FATHER

Maryland

12. Name

Malvina Dorey

13. Birthplace

Baltimore Md

14. Maiden name

William E. Norwood

15. Birthplace

Glenwood, Maryland

16. Informant

Oak Grove Cemetery

17. Burial, cremation, or removal. Which?

Cemetery or crematory

Date thereof 6-21-1947

(month) (day) (year)

Cremation

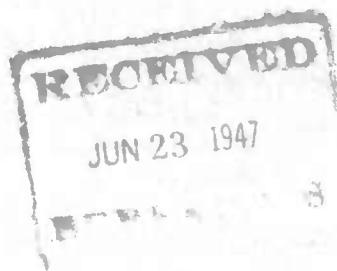
Location

Burial

Glenwood, Maryland

Cremation

Burial



RECEIVED

JUN 19 1947

BUREAU C.G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1228

05040

CERTIFICATE OF DEATH

Reg. Date. No. 131

1. PLACE OF DEATH: **Frederick**
 County **Frederick**
 City or town **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
4 weeks.
 How long in above place of death? **4 weeks.**
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? **4 weeks.**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Frederick**
 City or town **Deerfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **None**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **None**

3. (a) FULL NAME **Gussie May Portner**
nee Dunn *Portner*
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
 6. (b) Name of husband or wife **John W. Portner**
 7. Birth date of deceased (mo., day, yr.) **November 10, 1885** 6. (c) If alive, give age **69** years
 8. AGE: Years **61** Months **6** Days **22** If less than one day
 hrs. **0** min. **0**
 9. Birthplace **Virginia** (Town, county, and state)
 10. Usual occupation **Housewife**
 11. Industry or business
 12. Name **George Jewel**
 13. Birthplace **Virginia**
 MOTHER FATHER
 14. Maiden name **Unknown**
 15. Birthplace **Virginia**
 16. Informant **Mr. John W. Portner**
 Address **Lantz, Md**
 17. Burial **United Brethren** Date thereof **June 5, 1947**
 (Burial, cremation, or removal, where) (month) (day) (year)
 Cemetery or cemetery **Thurmont, Md.**
 Location **M. L. Creager & Son**
 18. Funeral director **Thurmont, Md.**
 Address **Elizabetta G. Hecke**
 19. **5 June 1947** (Date rec'd by registrar) **Elizabeth G. Hecke** (Registrar)

3. (b) Social Security Number **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 2 1947** at **4 P.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 2 to **May 2** 1947
 and that I last saw her alive on **May 2** 1947

Immediate cause of death **Intestinal obstruction**
 Due to **None**
 Due to **None**
 Other conditions **None**
 (Include pregnancy within 2 months of death)

Major findings or operations **Intestinal obstruction**
 Date of op. **None**

Autopsy results **None**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide **None** Date of **None**
 Where did injury occur? **None** (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury **None** Injured at work? **None**
 23. SIGNATURE **EP Thornd** M. D. or **None**
 Address **Frederick Md** Date signed **June 3-47**

RECEIVED

JUN 6 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rec 05041
Reg. Dist. No. 139

1. PLACE OF DEATH:

Frederick

County

State Sanatorium, Maryland

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 1/3/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 1/3/46

3. (a) FULL NAME

Leon Price

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of ~~XXXXXX~~ wife

Lottie Price

7. Birth date of deceased (mo., day, yr.)

April 11, 1900

6.(c) If alive, give age 46 years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Manticoke, Pennsylvania

(Town, county, and state)

10. Usual occupation

Plasterer

11. Industry or business

MOTHER FATHER

Walter Price

MOTHER

Germany

14. Maiden name

Julia Maza

15. Birthplace

Germany

16. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 19, 1947

(month) (day) (year)

Cemetery or crematory

Manticoke Cem.

Location

Manticoke, Pa.

18. Funeral director

M. L. Greager & Son

Address

Thurmont, Maryland

19. June 17

19 47

(Date rec'd by registrar)

J. L. Greager

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

County

Baltimore

City or town

(If outside city or town limits, write RURAL and give nearest town)

1203 Urban Way

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

195-09-0696

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16

19 47

6:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 3 19 46 to June 16 19 47

and that I last saw h. im alive on June 16 19 47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

20 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

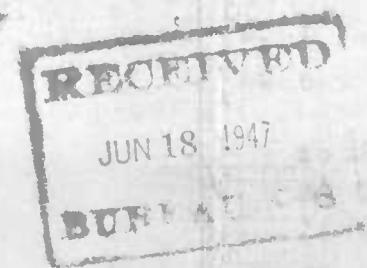
23. SIGNATURE

R. W. Green

M. D. ~~XXXXXX~~

Address State Sanatorium, Md.

Date signed 6/16/47



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

46e X

05042

138

Registration Dist. No.

St., Ward

1. PLACE OF DEATH

County

Frederick

Village or City

near Bathhouse, Md.

No.

Length of residence in city or town where death occurred

4 yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Joseph Oliver Rice

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Rebecca Rice

6. DATE OF BIRTH (month, day, and year)

December 20, 1854

7. AGE

Years

92

7

10

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Retired Farmer

Ann Farm

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Fred. Co. Md.

13. MOTHER

FATHER

Adam T. Rice

14. BIRTHPLACE (city or town)

(State or country)

Fred. Co. Md.

15. MOTHER

FATHER

Annie Lightfoot

16. BIRTHPLACE (city or town)

(State or country)

Fred. Co. Md.

17. INFORMANT

(Address)

Bessie Wyatt

near Bathhouse, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Bessie

Date

7/2, 1947

19. UNDERTAKER

(Address)

Layfayette Methodist Chur.

by A. Etchison & Son

20. FILED

(Address)

Frederick, Md.

J. F. Johnson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 30
(Month)
(Day), 1947
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec 16, 1946, to June 30, 1947

I last saw him alive on June 30, 1947; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Colon
with metastasis

Date of onset

7 mo

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

Ernest P. Rock
New Market, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05043

CERTIFICATE OF DEATH

Reg. Distr. No. 140

83a

1. PLACE OF DEATH:

County

Frederick

City or town

Rural - Ladensburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs Maggie Jemima Rodgers

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

B. (b) Name of husband or wife

George W. Rodgers

7. Birth date of deceased (mo., day, yr.)

December 2, 1858

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

88

6

0

hrs.

min.

9. Birthplace

Ladensburg, Carroll, Md.

(Town, county, and state)

10. Usual occupation

housework

11. Industry or business

own home

FATHER

12. Name

Baltzer most

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Delysiane

15. Birthplace

Maryland

16. Informant

Mrs Jessie Wagner

Address

Keymar, R#2 Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 5, 1947
(month) (day) (year)

Cemetery or crematory

Church of Brethren Cemetery

Location

Rocky Ridge Md.

18. Funeral director

O D Fussell Son

Address

Taneytown, Md.

19. Date rec'd by registrar

June 7, 1947

Date rec'd by registrar

L G Powell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Rural - Ladensburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 2, 1947 at 5:30 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1947 to June 2, 1947

and that I last saw her alive on June 1, 1947

Immediate cause of death

Influenza

Due to

Influenza

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Morris M.D.

M. D. or other

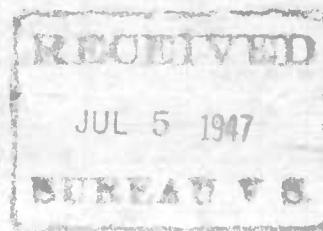
Address

Hagerstown, Md.

Date signed

STAMP TO THE STATE OF CALIFORNIA

HEADING STAMPED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

05044

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

Life

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

Since May 8, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

117 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

AGNES SCHLEY

3. (b) Social Security Number

None

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

S

6.(b) Name of husband or wife

6.(c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

July 27, 1857

8. AGE: Years

Months

Days

If less than one day

89

10

3

hrs.

20. DATE OF DEATH

MEDICAL CERTIFICATION

June 1st, 1947

2:45P.M.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name

Dr. Farfax Schley

13. Birthplace

Frederick, Maryland

14. Maiden name

Rebecca Steiner

15. Birthplace

Frederick, Maryland

16. Informant

Miss Lilian K. Schley

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date

1947

(Date need by registrar)

Elizabeth S. Heck

Registrar

23. SIGNATURE.

W. M. Smith

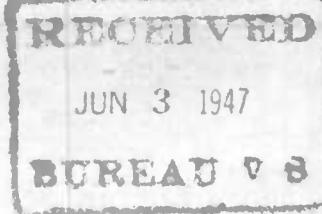
M. D.

M. D. or other

Address

6-2-47

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

CERTIFICATE OF DEATH

Reg. Dist. No.

05045
138

1. PLACE OF DEATH:

County **Frederick**City or town **Frederick-Rural R. F. D. #1**

(If outside city or town limits, write RURAL and give nearest town)

3 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Near Pearl

How long in hospital or institution?

3. (a) FULL NAME

WILLIAM STEINER SHANKLE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M**W****W**

6. (b) Name of husband or wife

Florence V. Harris

7. Birth date of deceased (mo., day, yr.)

November 9, 1861

6. (c) If alive, give age

year

8. AGE:

Years

Months

Days

If less than one day

85**7****11**

.hr.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Retired Painter

11. Industry or business

12. Name **Philip H. Shankle**13. Birthplace **Frederick County Maryland**14. Maiden name **Corrilla Wiles**15. Birthplace **Frederick County Maryland**

16. Informant

Mrs. Harvey C. BooneAddress **R. F. D. #1, Frederick, Md.**

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof **6/22/47**

(month) (day) (year)

Cemetery or crematory **Zion Reformed Cemetery**Location **Charlesville, Maryland**

18. Funeral director

M. R. Etchison and SonAddress **Frederick, Maryland**

19. Date rec'd by registrar

June 21 1947

19.

Lillian K. Tolson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**

County

FrederickCity or town **Frederick-Rural R. F. D. #1**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **Near Pearl**

(If rural, give LOCATION)

2. (a) If veteran, name war **None**

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20th, 1947, at 12:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 25, 1947, to June 20, 1947and that I last saw him alive on **June 19, 1947**

Immediate cause of death

**longer life lost and
lower leg**

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

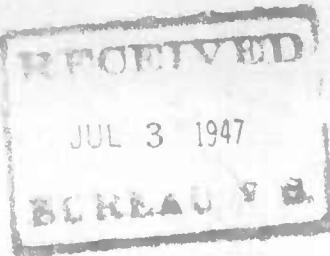
Injured at work?

23. SIGNATURE

Howard W. Ash, M. D.

M. D. or other

Address **Frederick, Maryland**Date signed **6-20-47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 132

05046

1. PLACE OF DEATH:

County

City or town

Frederick
Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William M. Sheffer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 16-1871

6. (c) If alive, give age years

8. AGE:

75 Years 10 Months 23 Days

If less than one day hrs. min.

9. Birthplace

Middletown, Frederick County, Md.

(Town, county and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Geo. R. Sheffer

13. Birthplace

Middletown, Md.

14. Maiden name

Amanda Shantz

15. Birthplace

Middletown, Md.

16. Informant

Mrs. Estie Koogler

Address

Middletown, Md.

17. (Burial, cremation, or removal. Which?)

Burial Date thereof June 12 1947

(month) (day) (year)

Cemetery or crematory

Frederick Memorial

Location

Linens (Ville) Rte 5 - Frederick, Md.

18. Funeral director

J. Bedell Co.

Address

Middletown, Md.

19. Date rec'd by registrar

June 12 1947

Mari Glassell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war No

3. (b) Social Security Number

219-20-4930

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 9 1947 a 9:50 A.M.

Nov. 1945, 10, June 9 1947

and that I last saw him alive on June 7 1947

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

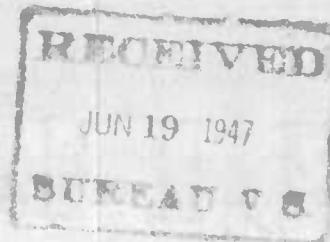
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. E. Harp, M.D. or other

Address Middletown Date signed 6-10-47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164

05047

CERTIFICATE OF DEATH

Reg. Diet. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 1/3/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 1/3/46

3. (a) FULL NAME

Ralph Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 20, 1903

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

44

4

3

hrs.

min.

9. Birthplace Burkittsville, Maryland

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Calvin Smith13. Birthplace Burkittsville, Maryland14. Maiden name Abbie Jennings15. Birthplace Burkittsville, Maryland16. Informant Deceased

Address

17. Burial Date thereof June 25, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Valley Cemetery
Location Burkittsville, Md.18. Funeral director A. C. Gladhill CompanyAddress Middletown, Maryland19. June 24 19. 47

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 W. Fifth St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-14-6016

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19. 47 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19. to 19. and that I last saw him alive on June 23 19. 47

Immediate cause of death

Tuberculosis

DURATION

12 monthsDue to suicideDue to For advanced pulmonary36 mths

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of June 23, 47Where did injury occur? North Sanatorium (City or town) (County) (State)Injured at home, farm, industry, public place (where?) North SanatoriumMeans of injury jumped from window Injured at work? no

23. SIGNATURE

P. W. Smith EXAMINER otherAddress Frederick, Md. Date signed June 23, 47

RECEIVED

JUN 25 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05048

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Frederick Co. Md.City or town: Rural Fountain Mills, MD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harriett P. Snouder4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married6. (b) Name of husband or wife: Harold Snouder6. (c) If alive, give age: 72 years7. Birth date of deceased (mo., day, yr.): Aug 18 - 18828. AGE: Years: 64 Months: 9 Days: 15 If less than one dayhrs: min: 9. Birthplace: Frederick, Maryland

(Town, county, and state)

10. Usual occupation: House wife11. Industry or business: Home12. Name: William Bowe13. Birthplace: Maryland14. Maiden name: Martha Gray15. Birthplace: Maryland16. Informant: Mrs. Mary SnouderAddress: Clarksburg, MD17. Burial: Burial Date thereof: June 4 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Fountain MillsLocation: Near New Market18. Funeral director: Bob W. BarberAddress: Leytonsville, MD19. Date rec'd by registrar: June 3 1947 Lucian K. Falconer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick Co.City or town: Rural Fountain Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No: Monocacy Road

(If rural, give LOCATION)

2. (a) If veteran, name war: ✓

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH: June 21947, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 10 1947 to June 2 1947and that I last saw her alive on June 2 1947Immediate cause of death: Cerebral hemorrhage

DURATION

Due to: Arteria Sclerosis

1 day

Due to:

10 yrs

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

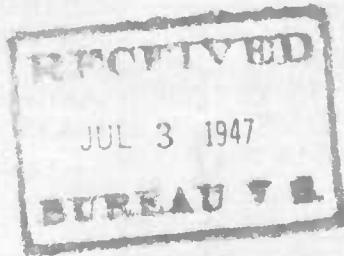
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work: 23. SIGNATURE: Ernest P. Roop, M.D.

M. D. or other

Address: New Market, MDDate signed: June 3/47



RECEIVED

JUN 4 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46 BX

05050

Reg. Dist. No. 144

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County

Thurmont

City or town

(If outside city or town limits, write RURAL and give nearest town)

20 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elias Anthony Summers

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Sallie E. Summers

7. Birth date of deceased (mo. day, yr.)

July 27, 1872

6.(c) If alive, give age years

75

8. AGE:

Years

Months

Days

If less than one day

74

II

3

hrs.

min.

9. Birthplace..... Frederick County, Md.

(Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business

12. Name..... John Summers

13. Birthplace..... Germany

14. Maiden name..... Catherine Mackenzie

15. Birthplace..... Unknown

16. Informant..... Mrs. Elias A. Summers

Address..... Thurmont, Md.

17. Burial..... Burial

(Burial, cremation, or removal. Which?)

Date thereof..... July 3, 1947

(month) (day) (year)

Cemetery or crematory..... St. John

Location..... Frederick, Md.

18. Funeral director..... M. L. Greager & Son

Address..... Thurmont, Md.

19. (Date rec'd by registrar)..... July 1, 1947

Blanche S. Eyles

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No..... East Main

(If rural, give LOCATION)

No

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 30, 1947, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10, 1947, to June 30, 1947, and that I last saw her alive on June 30, 1947.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Address..... Thurmont, Md.

M. D. or other

Date signed..... 6/30/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

05051

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, Institution, or street address where death occurred:
808 East Patrick Street

How long in hospital or institution?

3. (a) FULL NAME

MARY JANE LAKE VERBANIC

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

8. (b) Name of husband or wife..... Florian Verbanic

7. Birth date of deceased (mo., day, yr.) May 30, 1886
6. (c) If alive, give age..... 61 years

8. AGE:	Years	Months	Days	It less than one day
61	0	20 hrs. min.

9. Birthplace..... Staunton, Augusta County, Va.
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name William Conard

13. Birthplace White's Post, Va.

14. Maiden name Catherine E. Funk

15. Birthplace Pyles Fork, Va.

16. Informant..... Florian Verbanic

Address..... Frederick, Maryland

17. Burial..... Frederick, Maryland
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Frederick Memorial Park

Location..... Linden Hills, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. Date record by registrar..... 20 June 1947
(Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 808 East Patrick Street
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

219-05-0130

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 19 1947 at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1947 to June 19 1947 and that I last saw her alive on June 18 1947

Immediate cause of death..... Coronary Thrombosis

Due to..... Coronary Thrombosis

with Atrial Fibrillation

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

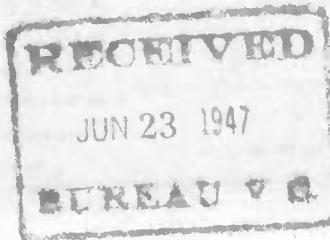
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Howard W. Ash, M.D.

M. D. or other

Address..... Frederick, Md. Date signed..... 6/20/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

CERTIFICATE OF DEATH

05052

131

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital

How long in hospital or institution? 3 weeks

3. (a) FULL NAME Willie Walter Waehler

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Mary Waehler
dead

7. Birth date of deceased (mo., day, yr.) Feb 11 1873

8. AGE: Years 74 Months 4 Days 1 It less than one day hrs. 0 min. 0

8. Birthplace Ellerton, Fred. Co., Md.
 (Town, county, and state)

10. Usual occupation Farm

11. Industry or business

12. Name David Waehler

13. Birthplace Ellerton, Fred. Co., Md

14. Maiden name Mary Palmer

15. Birthplace Ellerton, Fred. Co., Md

16. Informant Hazel Tyler

Address Frederick, Route 3

17. Burial Burial Date thereof June 14, 1947
 (Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or cemetery Pleasant Hill

Location Frederick, Route 3

18. Funeral director Harry E. Gandy, Jr.

Address Frederick, Md.

19. M. J. June 1947
 (Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State MD County Frederick

City or town Rural Yellow Springs
 (If outside city or town limits, write RURAL and give nearest town)

Street No. rural Route # 3

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1947 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1947 to June 11 1947

and that I last saw him alive on June 11 1947

Immediate cause of death Cardio Vasculon Renal Disease

Arteriosclerosis

DURATION 3 years

Due to

Due to

Other conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. Lawrence Fahney, M.D.

M.D. or other

Address Frederick, Md. Date signed 6-13-47

RECEIVED

JUN 17 1947

BUREAU C 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

05053

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert Lawson Wise

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Norma M. Wise

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1883 6. (c) If alive, give age 64 years

8. AGE: Years Months Days If less than one day 64 3 29 hrs. min.

9. Birthplace Middletown, Frederick County, Md. (Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER 12. Name Charles Wise

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Norma M. Wise

15. Birthplace Middletown, Md.

16. Informant Norma M. Wise

Address Middletown, Md.

17. Burial Date thereof 6-7-47 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reform Cemetery

Location Middletown, Md.

18. Funeral director Gladding Co.

Address Middletown, Md.

19. Date rec'd by registrar June 7, 1947 Name Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-10-5630

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1947, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4 to June 5, 1947

and that I last saw him alive on June 3, 1947

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Middletown Date signed 5-6-47

